

# Montana Medicaid - Fee Schedule

## Physical Therapy

### Definitions:

January 1, 2004

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

**Description** – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-4 coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee; not determined using RBRVS payment schedule

**Medicare:** Medicare-prevailing fee.

**By Report (BR):** Equals 47% of billed charges

**Anes Value:** Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of \$24.94.

**RBRVS:** Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster

**Fees** The facility rate is paid to physicians/practitioners providing services in a hospital, emergency room, or ambulatory surgery center site of service. All other sites of service receive the office rate. Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00.

**NOTE: Therapy providers receive 90% of the calculated RBRVS fee. The 90% amount is the fee shown on this fee schedule**

**Global Days** – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures

**000:** Same day as procedure

**010:** Same day and ten days following procedure

**090:** One day prior to and ninety days following procedure

**MMM:** In maternity cases, the global period is per the CPT-4 code descriptor

**ZZZ:** Add-on code, global period does not apply. An add-on code must be billed with its associated primary code

**Space:** Global concept does not apply to this code

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space** - this indicator does not apply to this code

### Indicators

**Mult** - Multiple surgery guidelines do apply

**Bilat** - Bilateral. The procedure can be done bilaterally

**Assist** - Assistant. An assistant is allowed for this procedure

**Co-Surg** - Co-Surgery. A co-surgeon is allowed for this procedure

**Team** - A team of surgeons is allowed for this procedure

**Related** - The procedure code listed is separately billable

**Y** - indicator is applicable to this code

**Space** - this indicator does not apply to this code

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# **Montana Medicaid - Fee Schedule** **Physical Therapy**

Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators		
					Office	Facility					Assist	CoSurg	Team
G0283		ELEC STIM OTHER THAN WOUND	7/1/2003	RBRVS	\$8.92	\$8.92							
S8945		PT PHONOPHORESIS 30 MINS	7/1/2003	BY REPORT	\$0.00	\$0.00							
95831		LIMB MUSCLE TESTING, MANUAL	7/1/2003	RBRVS	\$20.70	\$10.86							
95860		MUSCLE TEST, ONE LIMB	7/1/2003	RBRVS	\$66.42	\$66.42							
95860	TC	MUSCLE TEST, ONE LIMB	7/1/2003	RBRVS	\$29.66	\$29.66							
95860	26	MUSCLE TEST, ONE LIMB	7/1/2003	RBRVS	\$36.76	\$36.76							
95861		MUSCLE TEST 2 LIMBS	7/1/2003	RBRVS	\$78.48	\$78.48							
95861	TC	MUSCLE TEST 2 LIMBS	7/1/2003	RBRVS	\$19.22	\$19.22							
95861	26	MUSCLE TEST 2 LIMBS	7/1/2003	RBRVS	\$59.29	\$59.29							
95863		MUSCLE TEST, 3 LIMBS	7/1/2003	RBRVS	\$95.60	\$95.60							
95863	TC	MUSCLE TEST, 3 LIMBS	7/1/2003	RBRVS	\$24.12	\$24.12							
95863	26	MUSCLE TEST, 3 LIMBS	7/1/2003	RBRVS	\$71.47	\$71.47							
95864		MUSCLE TEST, 4 LIMBS	7/1/2003	RBRVS	\$121.70	\$121.70							
95864	TC	MUSCLE TEST, 4 LIMBS	7/1/2003	RBRVS	\$45.54	\$45.54							
95864	26	MUSCLE TEST, 4 LIMBS	7/1/2003	RBRVS	\$76.15	\$76.15							
97001		PT EVALUATION	7/1/2003	RBRVS	\$51.21	\$44.30							
97002		PT RE-EVALUATION	7/1/2003	RBRVS	\$27.47	\$22.31							
97010		HOT OR COLD PACKS THERAPY	7/1/2003	RBRVS	\$0.00	\$0.00							
97012		MECHANICAL TRACTION THERAPY	7/1/2003	RBRVS	\$10.29	\$10.29							
97014		ELECTRIC STIMULATION THERAPY	7/1/2003	RBRVS	\$9.68	\$9.68							
97016		VASOPNEUMATIC DEVICE THERAPY	7/1/2003	RBRVS	\$9.68	\$9.68							
97018		PARAFFIN BATH THERAPY	7/1/2003	RBRVS	\$4.51	\$4.51							
97020		MICROWAVE THERAPY	7/1/2003	RBRVS	\$3.28	\$3.28							
97022		WHIRLPOOL THERAPY	7/1/2003	RBRVS	\$10.13	\$10.13							
97024		DIATHERMY TREATMENT	7/1/2003	RBRVS	\$3.28	\$3.28							
97026		INFRARED THERAPY	7/1/2003	RBRVS	\$3.28	\$3.28							
97028		ULTRAVIOLET THERAPY	7/1/2003	RBRVS	\$4.06	\$4.06							
97032		ELECTRICAL STIMULATION	7/1/2003	RBRVS	\$11.27	\$11.27							
97033		ELECTRIC CURRENT THERAPY	7/1/2003	RBRVS	\$13.97	\$13.97							
97034		CONTRAST BATH THERAPY	7/1/2003	RBRVS	\$9.73	\$9.73							
97035		ULTRASOUND THERAPY	7/1/2003	RBRVS	\$8.50	\$8.50							
97036		HYDROTHERAPY	7/1/2003	RBRVS	\$15.76	\$15.76							
97039		PHYSICAL THERAPY TREATMENT	7/1/2003	RBRVS	\$8.25	\$8.25							
97110		THERAPEUTIC EXERCISES	7/1/2003	RBRVS	\$19.50	\$19.50							
97112		NEUROMUSCULAR REEDUCATION	7/1/2003	RBRVS	\$20.03	\$20.03							
97113		AQUATIC THERAPY/EXERCISES	7/1/2003	RBRVS	\$20.70	\$20.70							
97116		GAIT TRAINING THERAPY	7/1/2003	RBRVS	\$17.22	\$17.22							
97124		MASSAGE THERAPY	7/1/2003	RBRVS	\$15.43	\$15.43							
97139		PHYSICAL MEDICINE PROCEDURE	7/1/2003	RBRVS	\$10.97	\$10.97							
97140		MANUAL THERAPY	7/1/2003	RBRVS	\$18.52	\$18.52							
97150		GROUP THERAPEUTIC PROCEDURES	7/1/2003	RBRVS	\$12.77	\$12.77							
97504		ORTHOTIC TRAINING	7/1/2003	RBRVS	\$19.72	\$19.72							
97520		PROSTHETIC TRAINING	7/1/2003	RBRVS	\$19.27	\$19.27							

Please see first page for a complete description  
of information contained in the fee schedules.

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Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators		
					Office	Facility					Assist	CoSurg	Team
97530		THERAPEUTIC ACTIVITIES	7/1/2003	RBRVS	\$19.75	\$19.75							
97532		COGNITIVE SKILLS DEVELOPMENT	7/1/2003	RBRVS	\$16.83	\$16.83							
97533		SENSORY INTEGRATION	7/1/2003	RBRVS	\$17.84	\$17.84							
97535		SELF CARE MNGMENT TRAINING	7/1/2003	RBRVS	\$21.24	\$21.24							
97537		COMMUNITY/WORK REINTEGRATION	7/1/2003	RBRVS	\$18.82	\$18.82							
97542		WHEELCHAIR MNGMENT TRAINING	7/1/2003	RBRVS	\$19.33	\$19.33							
97545		WORK HARDENING	7/1/2003	BY REPORT	\$0.00	\$0.00							
97546		WORK HARDENING ADD-ON	7/1/2003	BY REPORT	\$0.00	\$0.00							
97601		WOUND(S) CARE, SELECTIVE	7/1/2003	RBRVS	\$27.16	\$27.16							
97602		WOUND(S) CARE NON-SELECTIVE	7/1/2003	RBRVS	\$0.00	\$0.00							
97703		PROSTHETIC CHECKOUT	7/1/2003	RBRVS	\$15.18	\$15.18							
97750		PHYSICAL PERFORMANCE TEST	7/1/2003	RBRVS	\$20.03	\$20.03							
97755		ASSISTIVE TECHNOLOGY ASSESS	1/1/2004	RBRVS	\$24.07	\$24.07							
97799		PHYSICAL MEDICINE PROCEDURE	7/1/2003	BY REPORT	\$0.00	\$0.00							
99091		COLLECT/REVIEW DATA FROM PT	7/1/2003	RBRVS	\$0.00	\$0.00							
99311		NURSING FAC CARE, SUBSEQ	7/1/2003	RBRVS	\$28.45	\$21.58							
99312		NURSING FAC CARE, SUBSEQ	7/1/2003	RBRVS	\$43.74	\$35.64							